

**T**he following Coordinator manual is a comprehensive guide to GIC benefit procedures. For easy reference, please file this in a three-ring binder. If you have any additional questions about GIC benefits or procedures, log onto our website or call our Operations Department.

GIC forms are in the back of this manual. Please photocopy these as needed. Many GIC forms are also on our website.

**Please keep in mind that respecting the privacy rights of employees is imperative for all GIC Coordinators. Under no circumstances are you to give or solicit personal information about your employees, even with other agencies, including law enforcement personnel, without first checking with your agency's legal counsel. Doing so is a potential violation of state and federal law.**

Please remember to give all new employees and all employees at Annual Enrollment a *GIC Benefit Decision Guide*.



**Commonwealth of Massachusetts  
Group Insurance Commission**

*Your  
Benefits  
Connection*

Group Insurance Commission  
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## PREMIUM DEDUCTIONS

All GIC premium deductions are taken one month in advance of coverage. Please update your payroll system accordingly.

## ENROLLMENT ELIGIBILITY AND EFFECTIVE DATES

According to Massachusetts Law Chapter 32 A, the following employees are eligible for GIC benefits:

- ❖ Permanent employees, as outlined in CMR 1.02
- ❖ Employees must work at least 18.75 hours in a 37.5-hour workweek or 20 hours in a 40-hour workweek; employees who do not work the required number of hours and are not eligible for GIC benefits.

*New employees eligible for GIC health benefits and who work full-time or part-time hours of at least 18.75 hours per 37.5-hour workweek or 20 hours per 40-hour workweek can enroll.*

## COVERAGE EFFECTIVE DATE

New employee coverage begins on the first day of the month following 60 calendar days from the first date of employment, or two calendar months, whichever comes first.

Date of employment is from	Coverage begins on
Jan. 2- Feb. 1	April 1
Feb. 2 – March 2	May 1
March 3 – April 2	June 1
April 3 – May 2	July 1
May 3 – June 2	August 1
June 3 – July 3	September 1
July 4 – August 2	October 1
Aug. 3 – Sept. 2	November 1
Sept. 3 – Oct. 2	December 1
Oct. 3 – Nov. 2	January 1
Nov. 3 – Dec. 3	February 1
Dec. 4 – Jan. 1	March 1

If an employee loses health insurance elsewhere, he or she can enroll in GIC coverage at any time during the year with proof of involuntary loss of other coverage. An employee may not apply for late enrollment during their 60-day new hire waiting period. See LATE ENROLLMENT Section for late enrollment details.

# BENEFIT OPTIONS

## HEALTH PLANS

Employees and their families can choose from an array of health plans. Each employee's needs are different. It is important that you, the GIC Coordinator, learn about the similarities and differences among the plans and where the plans are available. Recommend that the employee research his/her options and obtain the following information before making a selection.

### QUESTION

Where you live determines which plan you are eligible for. Does the employee live in the service area?

Are the employee's doctors and hospitals in the plan?

What is the monthly premium cost?

See the *Benefit Decision Guide* for health plan options. These are distributed immediately before Annual Enrollment and are on the GIC's website.

### RESOURCE

*Benefit Decision Guide*

Call the plan or visit its website

Distributed with *Benefit Decision Guide* and on the GIC's website ([www.mass.gov/gic](http://www.mass.gov/gic))

## NEW HIRE ELECTIONS

New employees must make their health benefit elections within ten (10) calendar days of the employee's first days of employment. You, as the GIC Coordinator, have 21 days to forward forms to the GIC. To select their benefits, employees must complete the following forms completely and legibly:

- ❖ Municipal Insurance Enrollment and Change Form (Form-1MUN)
- ❖ Insurance Data Form (IDF) for family coverage. Must also provide:
  - ◆ For spousal coverage – copy of marriage certificate. (Note: Due to differences between federal and state law, if an insured is covering a same sex spouse, the insured is subject to imputed income. Please advise the employee accordingly.)
  - ◆ For former spouse – provide following sections of the legal separation or divorce decree: page with absolute date, health insurance language, signature pages, and former spouse's address
  - ◆ For dependent coverage under age 19 – copy of birth certificate(s). The birth certificate must show the parent-child relationship to the insured or his/her spouse.
  - ◆ For dependent coverage age 19 or over – Dependent Age 19 to 26 Enrollment form and a copy of birth certificate or, for handicapped dependent coverage – Handicapped Dependent Application and a copy of birth certificate. Birth certificates must show the parent-child relationship to the insured or his/her spouse.
- ❖ Employee Acknowledgement form
- ❖ Health Insurance Responsibility Disclosure (HIRD) form – for employees who do not elect GIC health insurance

All new employees should automatically be enrolled in pre-tax health insurance deductions unless they opt out of participating. This is known as a Section 125 Plan. If the employee elects to opt out, he/she must complete the Pre-Tax Basic Life and Health Insurance Plan Election Not To Participate Form.

After the plan election is made, complete the following:

- 1) Verify that the forms are completed accurately and completely. Ensure that the employee has checked the information entered on his/her forms, and has signed and dated all forms.
- 2) On the Municipal Insurance Enrollment and Change Form (Form-1MUN), indicate the agency/division number and the date entered municipal service.
- 3) Photocopy completed GIC forms and file them in the employee's personnel file.
- 4) Give the employee a copy of the Employee Acknowledgement form and file the original in the employee's personnel file. **Do not send this form to the GIC.**
- 5) Send all other **original** signed forms to the GIC.
- 6) Update your payroll system with the new premium deduction.

## NEW HIRES WHO DO NOT ELECT GIC HEALTH INSURANCE

If a new employee does not elect GIC health insurance, he/she must complete a Health Insurance Responsibility Disclosure (HIRD) form:

- 1) Fill in the lowest available monthly employee share of GIC health insurance individual coverage premium using the most current GIC rate sheet.

- 2) Verify that the employee has completed the form accurately and completely. If the employee refuses to complete the form, document efforts to obtain the information from the employee.
- 3) Retain all HIRD forms for three years and make them available to the Health Connector upon request. **Do not send the form to the GIC.**

## RETROACTIVE HEALTH INSURANCE EFFECTIVE DATE (B WAIVER)

If a new employee, or his/her covered dependent has no health coverage and **incurs unplanned and urgent medical expenses during his/her new hire waiting period**, he/she may apply to buy GIC health coverage at the full cost premium for that period of time (60 or more days, depending on the date of hire). The total claims expenditure must exceed the full cost premium for the hiatus period. New employees who begin employment on the 16<sup>th</sup> day of a month or later will not be charged premium for that month; new employees who begin employment on or before the 15<sup>th</sup> day of a month shall be charged the full premium cost for the month. To apply for retroactive health insurance, the employee must write to the GIC's Director of Operations to request the coverage.

**If approved**, coverage shall become effective as of the employee's first day of active employment, subject to his or her timely payment of the full cost health insurance premium for the entire hiatus period.

- 1) Provide to the employee a copy of his/her new hire Municipal Insurance Enrollment and Change Form (Form-1MUN).
- 2) Instruct the employee to include the following information in their request to the GIC:
  - ◆ Employee's name
  - ◆ Employee's Social Security Number
  - ◆ Photocopy of new hire Municipal Insurance Enrollment and Change Form (Form-1MUN)
  - ◆ Dates of health care expenses
  - ◆ Photocopies of all incurred health care claims
  - ◆ Statement from the employee that he/she understand that he/she is responsible to pay the full cost premium for the entire new hire hiatus period
- 3) The GIC will notify the employee of the approval or denial of the application and, if approved, will bill the employee for the full cost premium owed.

## FAMILY TO INDIVIDUAL COVERAGE

If an employee is changing from family to individual coverage, follow the procedures below.

- 1) The employee must complete and sign the following: GIC Municipal Insurance Enrollment and Change Form (Form-1MUN). The employee must provide proof of where the spouse and/or dependents will be covered for health insurance before the changes will be allowed. Acceptable proof of other coverage for the spouse and/or dependents includes a copy of other health insurance card or a letter from the spouse's employer on their letterhead. Without this proof the GIC can deny the request for coverage change. In the case of death, a copy of the death certificate is required.
- 2) Verify that the form is completed accurately and completely. Ensure that both you and the employee have signed and dated the form.
- 3) Update your payroll system with the new premium deduction.
- 4) Photocopy completed GIC form and proof of other coverage and file them in the employee's personnel file
- 5) Send **original** signed form to the GIC along with the proof of other coverage.

## INDIVIDUAL TO FAMILY COVERAGE

If the employee is changing from individual to family coverage, follow the below procedures:

- 1) The employee must complete and sign the following:
  - ❖ GIC Municipal Insurance Enrollment and Change (Form-1MUN)
  - ❖ Insurance Data Form (IDF)
    - ◆ For spousal coverage – copy of marriage certificate. (Note: Due to differences between federal and state law, if an insured is covering a same sex spouse, the insured is subject to imputed income. Please advise the employee accordingly).

- ◆ For former spouse – provide following sections of the legal separation or divorce decree: page with absolute date, health insurance language, signature pages, and former spouse's address.
  - ◆ For dependent coverage under age 19 – copy of birth certificate(s). The birth certificate must show the parent-child relationship to the insured or his/her spouse.
  - ◆ For dependent age 19 to 26 – Dependent Age 19 to 26 Enrollment and Change Form and a copy of birth certificate. For a handicapped dependent, a Handicapped Dependent Application. Birth certificates must show the parent-child relationship to the insured or his/her spouse.
- 2) Verify that the forms above are completed accurately and completely. Ensure that both you and the employee have signed and dated all forms.
  - 3) Update your payroll system with the new premium deduction.
  - 4) Photocopy completed GIC forms and file in the employee's personnel file.
  - 5) Send **original** signed forms to the GIC.

## ADDING A SPOUSE OR DEPENDENT

To add a spouse or dependent to health coverage, the insured must have family health coverage. If the insured does not have family coverage, refer to the procedure for Individual to Family Coverage Change.

If the insured already has family coverage, complete the following procedure:

- 1) Employee completes the following forms completely and legibly:
  - ◆ Required only for a name change: Employee Municipal Insurance Enrollment and Change (Form-1MUN). Be sure the insured com-

pletes the name change section in addition to the top of the form and signature.

- ◆ Insurance Data Form (IDF)
- ◆ Dependent Age 19 to 26 Form (if applicable)
- ◆ Handicapped Dependent Application if (applicable)

- 2) Attach copies of marriage and birth certificates. For newborn coverage, an announcement letter from the hospital can be used if a birth certificate is not yet available. The birth certificate or hospital notice must show the parent-child relationship to the insured or his/her spouse. Due to differences between federal and state law, if an insured is adding a same sex spouse, the insured is subject to imputed income. Please advise the employee accordingly.
- 3) Photocopy all forms and documentation and file in the employee's personnel file.
- 4) Send **original** forms and the documentation to the GIC.

### REMOVING A SPOUSE OR DEPENDENT UNDER AGE 19 - RETAINING FAMILY COVERAGE

- 1) Employee completes the Insurance Data Form (IDF) checking off the deletion box and listing spouse's/dependent's name, date of birth, relationship to insured, and Social Security Number.
- 2) The employee must indicate the reason for the deletion, the effective date (this date cannot be retroactive), and include proof of other health coverage.
- 3) Photocopy the IDF form and proof of other health coverage and file in the employee's personnel file.
- 4) Send the **original** IDF form and proof of other health coverage to the GIC.

### REMOVING A DEPENDENT AGE 19 TO 26 – RETAINING FAMILY COVERAGE

- 1) Employee completes the Insurance Data Form (IDF) checking off the deletion box and listing the dependent's name, date of birth, relationship and Social Security Number.

- 2) The employee must indicate the reason for the deletion and effective date (this date cannot be retroactive).
- 3) Photocopy the IDF form and file in the employee's personnel file.
- 4) Send the **original** IDF form to the GIC.

### MOVING OUT OF A PLAN'S SERVICE AREA

If an employee moves out of or resides outside of a health plan's service area, he/she must change health plans. To process this change:

- 1) Have employee complete Municipal Insurance Enrollment and Change Form (Form-1MUN) indicating their choice of new health plan.
- 2) Obtain from employee proof of address change, such as utility bill or Purchase and Sale agreement.
- 3) Photocopy forms and proof of address change and file them in employee's personnel file.
- 4) Send proof of address change and **original** signed Municipal Insurance Enrollment and Change Form (Form-1MUN) to the GIC.
- 5) The GIC will determine the coverage effective date for this change.

If an employee's covered spouse, former spouse and/or dependent(s) moves outside or resides outside of the employee's health plan's service area, the entire family must change health plans to a plan that will cover the employee and his/her dependents where they reside. (Only unmarried full-time students may reside outside of a health plan's service area.) Note that only UniCare/Basic is available throughout the country and outside of the U.S. To change the family's coverage to a new health plan:

- 1) Have employee complete the Municipal Insurance Enrollment and Change Form (Form-1MUN) checking UniCare/Basic as their choice of a new health plan if that is the only plan available.
- 2) Obtain from the employee proof of the former spouse's address. For dependent age 19 to 26, have the employee complete a Dependent Age 19 to 26 Enrollment and Change Form indicating the dependent's address.
- 3) Photocopy forms and file in the employee's

personnel file.

- 4) Send the **original** forms and proof of addresses to the GIC.
- 5) The GIC will determine the coverage effective date of this change.

## NAME AND ADDRESS CHANGES

The GIC must be notified of all enrollee name and address changes.

- 1) Complete the form on the employee's behalf, or instruct the employee to complete and sign Municipal Insurance Enrollment and Change Form (Form-1MUN) with the employee's new name and/or address.
- 2) Review and sign Municipal Insurance Enrollment and Change Form (Form-1MUN).
- 3) Photocopy the form and file it in the employee's personnel file.
- 4) Send the **original** signed Municipal Insurance Enrollment and Change Form (Form-1MUN) to the GIC.

## CANCEL COVERAGE

For an insured who wishes to cancel health insurance:

- 1) Employee completes and signs GIC Municipal Insurance Enrollment and Change Form (Form-1MUN) with appropriate cancel coverage box checked.
- 2) If the employee lives in Massachusetts and is canceling health insurance, the employee must also complete a Health Insurance Responsibility Disclosure (HIRD) form. The Coordinator fills in the lowest available monthly employee share of GIC health insurance individual coverage premium using the most current GIC rate sheet on the HIRD form. If the employee refuses to complete the HIRD form, document efforts to obtain the information from the employee. Retain all HIRD forms for three years and make them available to the Health Connector upon request. **Do not send the form to the GIC.**
- 3) If employee is withdrawing from health insurance and he/she has family coverage, the employee must provide proof of where spouse

and/or dependents will be covered once GIC coverage is cancelled. Acceptable proof examples: a copy of the health insurance card or a letter from the spouse's employer on their letterhead. Without this proof, the GIC can deny the request to withdraw from coverage.

- 4) Review and sign Municipal Insurance Enrollment and Change Form (Form-1MUN).
- 5) Update your payroll system deductions.
- 6) Photocopy Municipal Insurance Enrollment and Change Form (Form-1MUN) and proof of other coverage (if applicable) and file in employee's personnel file.
- 7) Send **original** Municipal Insurance Enrollment and Change Form (Form-1MUN) and proof of other coverage (if applicable) to the GIC.
- 8) The GIC will mail to the insured's home a HIPAA Notice that includes a Certificate of Creditable Coverage indicating the coverage end date.

## DIVORCE AND LEGAL SEPARATION

In accordance with Massachusetts Laws MGL-32A Section 11a, the GIC must be informed of all legal separations and divorces if the insured is covering his/her spouse or former spouse. Failure to notify the GIC will result in financial consequences to the employee and/or former spouse. Collect from the employee the former spouse's address and copies of the following sections of the legal separation agreement or divorce decree:

- ◆ Page with absolute date
- ◆ Health insurance language
- ◆ Signature pages

Forward these documents to the Director of Operations at the GIC.

## REMARRIAGE

If an insured is covering a former spouse on his/her health plan and the employee or former spouse remarries, the GIC must be notified. Inform the employee that if either the employee or former spouse remarries, in accordance with Massachusetts Laws MGL-32A Section 11a, GIC health coverage for the former spouse ends. *Failure to report a remarriage will result in financial consequences to the employee or former spouse.*

For Remarriage of an Employee or Former Spouse:

- 1) Instruct the employee to send the remarriage date in writing to the Director of Operations at the GIC.
- 2) If adding a new spouse, see **ADDING A SPOUSE OR DEPENDENT** for procedure details.

## HANDICAPPED DEPENDENT COVERAGE

Insureds who have an unmarried child who is physically disabled and incapable of earning his/her own living as of the age of 19 may apply for Handicapped Dependent Coverage for their child. Family coverage is required.

- 1) Give the employee the Handicapped Dependent Application.
- 2) The employee and dependent's physician must complete the application and send it to the GIC.
- 3) The GIC will review the application for eligibility and will notify the insured of its decision.
- 4) The GIC sends periodic re-certification forms for continuation of handicapped dependent coverage to the employee.

If the child is not eligible for Handicapped Dependent coverage and is under age 26 and over age 18, he/she will be covered as a dependent age 19 to 26.

## DEPENDENT TURNING AGE 19

Under the Affordable Care Act, an insured's child, stepchild, adopted child and eligible foster child will automatically continue health and dental coverage up to the last month the dependent turns age 26 as long as the insured has family coverage. All members of the GIC family plan must reside in the health plan's service area, unless the dependent is a full-time student. The GIC sends a questionnaire to insureds who have a covered dependent turning age 19. The insured only needs to complete and return the questionnaire if the dependent lives outside of the health plan's service area or is a full-time student living outside of the health plan's service area.

If the dependent is not the child, stepchild, adopted child or eligible foster child, he or she may be eligible for coverage under Massachusetts Health Reform up to age 26 or two years after the losing dependent status under IRS rules, whichever occurs first. The insured must contact the GIC at extension 5 for a Massachusetts Health Care Reform Dependent Application in order to apply.

If the insured wishes to cover the child of a dependent who is age 19 to 26, the insured may only cover both the dependent age 19 and over and the dependent's child under Massachusetts Health Care Reform. This will provide coverage for both the child and dependent age 19 to 26 up to when the dependent turns age 26 or two years after loss of IRS dependent status, whichever occurs first. Instruct the insured to contact the GIC at extension 5 for the Massachusetts Health Care Reform Dependent Application. Attach a copy of the IDF form and the birth certificate for the child of the dependent and send with the application to the GIC.

## PRE-TAX PREMIUM DEDUCTIONS

If an employee has one of the following qualifying events, he/she may opt out of pre-tax health insurance premium deductions:

- ◆ Marriage or divorce
- ◆ Birth or adoption of a child
- ◆ Spouse or dependent dies
- ◆ Spouse commences or is terminated from employment
- ◆ Employee or spouse takes an unpaid leave of absence
- ◆ Employee involuntarily loses health insurance through no fault of his/her own

### To process these changes:

- 1) The employee completes and signs the Pre-Tax Health Insurance Plan Election Not to Participate Form.
- 2) The form is forwarded to the agency's payroll department. The payroll person updates the payroll system to reflect the employee's pre-tax change election.
- 3) File the **original** form in the employee's personnel file. **Do not send forms to the GIC.**

## HOURS REDUCED TO LESS THAN PART-TIME

If an employee falls below 18.75 hours in a 37.5-hour workweek or 20 hours in a 40-hour workweek, the employee is no longer eligible for GIC benefits. GIC health coverage will end at the end of the following month as long as the premiums are paid. The employee may elect to continue health coverage through COBRA, Non-Group Conversion or the Massachusetts Health Connector.

Give the employee information on your agency's Section 125 Plan coverage and give the employee a Health Insurance Responsibility Disclosure (HIRD) form:

- 1) Fill in the lowest available monthly employee share of GIC health insurance individual coverage premium using the most current GIC rate sheet.
- 2) Verify that the employee has completed the form accurately and completely. If the employee refuses to complete the form, document efforts to obtain the information from the employee.
- 3) Retain all HIRD forms for three years and make them available to the Health Health Connector upon request. **Do not send the form to the GIC.**
- 4) Update your payroll system to stop all GIC premium deductions.

## HOURS REINSTATED TO PART-TIME OR MORE

If an employee resumes at least part-time status (18.75 hours in a 37.5-hour workweek or 20 hours in a 40-hour workweek) after his/her GIC coverage has been terminated, the employee is considered a new hire. He/she is subject to the new hire waiting period beginning on the date he/she resumes half to full-time status. Follow the **NEW HIRE Section**. If an employee resumes at least part-time status before the coverage termination date, coverage will continue uninterrupted.

## AGENCY TRANSFER

When an employee transfers from one state agency to a GIC participating municipality, or from a municipality to another participating municipality or state agency complete the following:

- 1) Complete GIC Municipal Insurance Enrollment and Change Form (Form-1MUN) on behalf of the employee:
  - ◆ If employee is transferring to a state agency or participating municipality, check box 7 and indicate the name of the agency/municipality the employee is transferring to and the effective date.
  - ◆ If the employee is transferring from another state agency/municipality, check box 8 and indicate the name of the agency/municipality the employee is transferring from and the date.
- 2) Update your payroll system to stop or begin the appropriate GIC premium deductions for the GIC coverage in force at the time of the transfer. Note that **employees are not allowed to change health plans at the time of transfer, unless the employee is moving outside of a health plan's service area.**
- 3) Photocopy completed Municipal Insurance Enrollment and Change Form (Form-1MUN) and file in the employee's personnel file.
- 4) Send **original** Municipal Insurance Enrollment and Change Form (Form-1MUN) to the GIC.

The effective date of the transfer will be the first day of the second month following the transfer as long as the GIC has been notified with the Form-1MUN.

# LATE ENROLLMENT

## HEALTH INSURANCE

An employee must provide you with proof of involuntary loss of health coverage elsewhere to be eligible to enroll in GIC health coverage at any time during the year, other than during Annual Enrollment. An employee may not apply for late enrollment during the new hire waiting period. Examples of acceptable proof of loss of other coverage include:

- ◆ Letter from health insurance carrier on company letterhead, or
- ◆ Letter from other employer on company or organization letterhead.

To add GIC health coverage during the year, include a copy of the proof of involuntary loss of coverage with the forms sent to the GIC.

### Health insurance late enrollment procedure:

- 1) Employee must complete the following forms completely and legibly:
  - ❖ Municipal Insurance Enrollment and Change Form (Form-1MUN)
  - ❖ Insurance Data Form (IDF) for family coverage. Must also provide:
    - ◆ For spousal coverage – copy of marriage certificate
    - ◆ For former spouse – provide following sections of the legal separation or divorce decree: page with absolute date, health insurance language, signature pages, and former spouse's address
    - ◆ For dependent coverage under age 19 – copy of birth certificate(s). The birth certificate must show the parent-child relationship to the insured or his/her spouse.
    - ◆ For dependent coverage age 19 or over – Dependent Age 19 to 26 Enrollment form and a copy of birth certificate or, for handicapped dependent coverage – Handicapped Dependent Application and a copy

of birth certificate. The birth certificate must show the parent-child relationship to the insured or his/her spouse.

- 2) Verify that the forms are completed accurately and completely. Ensure that the employee has entered all information completely, including the date of hire, and has signed and dated all forms.
- 3) On the Municipal Insurance Enrollment and Change Form (Form-1MUN), indicate the agency/division number.
- 4) Photocopy completed GIC forms and copy of proof of involuntary loss of coverage and file them in the employee's personnel file.
- 5) Send the **original** signed forms to the GIC along with the proof of involuntary loss of coverage.
- 6) If approved by the GIC, update your payroll system with the new premium deduction.

## GIC RETIREE DENTAL

If your municipality offers the GIC Retiree Dental Plan, let the retiree know that once enrolled, if he/she drops coverage, he/she may never re-enroll.

### Procedure:

- 1) Retiree or survivor completes and sends you the GIC Retiree Dental Plan form.
- 2) Sign the GIC Retiree Dental form.
- 3) Photocopy the GIC Retiree Dental Plan form and file a copy in the retired employee's personnel file.
- 4) Send the **original** GIC Retiree Dental Plan form to the GIC by the Annual Enrollment deadline.
- 5) Enter the dental deduction in your pension system for July 1 coverage.

If an employee is not currently enrolled in GIC coverage and wants to do so, complete the following and send to the GIC during the Annual Enrollment period.

## HEALTH INSURANCE ENROLLMENT

If an employee is not currently enrolled in GIC health insurance coverage, complete the following to enroll during Annual Enrollment:

- 1) To select their health benefits, employees must complete the following forms completely and legibly.
  - ❖ Municipal Insurance Enrollment and Change Form -Form 1MUN
  - ❖ Insurance Data Form (IDF) for family coverage. Must also provide:
    - ◆ For spousal coverage – copy of marriage certificate.
    - ◆ For former spouse – provide following sections of the legal separation or divorce decree: page with absolute date, health insurance language, signature pages, and former spouse's address.
    - ◆ For dependent coverage under age 19 – copy of birth certificate(s) – the birth certificate must show the parent-child relationship to the insured or his/her spouse.
    - ◆ For dependent coverage age 19 or over – Dependent Age 19 to 26 Enrollment form and a copy of birth certificate. The birth certificate must show the parent-child relationship to the insured or his/her spouse.
- 2) Verify that the forms above are completed accurately and completely. Ensure that the employee has checked the information entered on his/her forms, and has signed and dated all forms. Be sure to indicate the date of hire and agency/division number.
- 3) Enter health insurance deductions into your payroll system.

- 4) Photocopy completed GIC forms and file them in the employee's personnel file.
- 5) Send all other **original** signed forms to the GIC.

The employee should be automatically enrolled in pre-tax health insurance deductions unless he/she opts out of participating. This is known as a Section 125 Plan.

## HEALTH INSURANCE CHANGES

During Annual Enrollment, employees may change their health plan election. The change will go into effect that July 1.

For employees already in a GIC plan who wish to change plans during Annual Enrollment:

- 1) Employee completes and signs Municipal Insurance Enrollment and Change Form (Form-1MUN).
- 2) Verify that the form is completed accurately and completely. Ensure that you and the employee have signed and dated all forms.
- 3) Enter the new health plan premium deduction into your payroll system.
- 4) Photocopy completed GIC form and file in the employee's personnel file.
- 5) Send **original** signed form to the GIC by the Annual Enrollment deadline.

## PRE-TAX HEALTH INSURANCE PREMIUMS

During Annual Enrollment, or anytime during the year due to a family status change, employees may elect to opt in or out of pre-tax premium deductions. Qualifying family status changes include: marriage, legal separation, divorce, birth or adoption of a child, death of a spouse or dependent, spouse commences or is terminated from employment, employee or spouse takes unpaid leave of absence, or employee loses health insurance elsewhere through no fault of the employee.

**Opt-in:** Employees who elected NOT to participate in the pre-tax program may elect to participate. There are no GIC enrollment/change forms to be completed to enroll in the pre-tax program. The employee must see his/her payroll department and inform them of his/her decision to have his/her deductions made on a pre-tax basis. The payroll person updates the payroll system to reflect the employee's pre-tax change election.

**Opt-out:** Employees who participate in the pre-tax program may elect NOT to participate.

- 1) The employee completes and signs the Pre-Tax Health Insurance Election Not to Participate form.
- 2) Forward the form to your agency's payroll department. The payroll person updates the payroll system to reflect the employee's pre-tax change election.
- 3) File the **original** form in the employee's personnel file. **Do not send the form to the GIC.**

### EMPLOYEES WITHOUT HEALTH COVERAGE WHO DO NOT ENROLL DURING ANNUAL ENROLLMENT

If an employee does not elect health insurance during the GIC's Annual Enrollment or during Your Agency's Section 125 Plan Open Enrollment, he/she must complete a Health Insurance Responsibility and Disclosure (HIRD) form.

- 1) Fill in the lowest available monthly employee share of GIC health insurance individual coverage premium using the most current GIC rate sheet.
- 2) Verify that the employee has completed the form accurately and completely. If the employee refuses to complete the form, document efforts to obtain the information from the employee.
- 3) Retain all HIRD forms for three years and make them available to the Health Connector upon request. **Do not send the form to the GIC.**

### GIC RETIREE DENTAL

If your municipality offers the GIC Retiree Dental Plan, a retiree or survivor must apply for coverage within 30 days of the involuntary loss of dental coverage and provide proof of the loss. Examples of acceptable proof of loss of other coverage include:

- ◆ Letter from dental insurance carrier on company letterhead, or
- ◆ Letter from former employers on company or organization letterhead.

Advise the retiree or survivor who is applying for late enrollment that once enrolled, if he/she drops coverage, he/she may never re-enroll in the plan.

#### Procedure:

- 1) Retiree or survivor completes and sends you the GIC Retiree Dental Plan form.
- 2) Sign the GIC Retiree Dental Plan form.
- 3) Photocopy the GIC Retiree Dental Plan form and proof of involuntary loss of other dental coverage and file in the retired employee's personnel file.
- 4) Send the **original** GIC Retiree Dental Plan form and proof of involuntary loss of dental coverage within 30 days of the loss of other coverage to the GIC.
- 5) Approval of the late enrollment and the effective date will be determined by the GIC.
- 6) If approved, the GIC will notify you of the effective date to start the pension deduction.

## MILITARY LEAVE PROCEDURE

Military Members may want to compare their GIC health benefits with those offered by the Federal Government to determine whether the Federal Government's coverage will be sufficient for their spouse and/or dependents. An employee with family coverage may want to continue coverage for the benefit of their family. Alternately, an employee who is on leave of absence due to active military service in the United States Armed Forces may drop his or her insurance coverage for the duration of his or her leave of absence. Upon return to active employment, the employee's insurance coverage shall be restored on the same terms as would be in effect if the leave of absence had not occurred.

Employees with GIC health coverage taking an unpaid military leave of absence may do one of the following:

- ❖ Cancel health insurance coverage. Upon return, the employee will be reinstated with the same GIC coverage he or she carried immediately prior to the unpaid military leave of absence and may enroll in the GIC health plan of his/her choice.
- ❖ Retain GIC health benefits. The municipality must collect the employee's share of GIC premiums. As long as the monthly premiums are collected during the military leave, GIC health benefits will continue.

### To Process a Military Leave Health Insurance Cancellation:

- 1) The employee completes Municipal Insurance Enrollment and Change Form (Form-1MUN) with the "cancel coverage" box checked.
- 2) Photocopy the Municipal Insurance Enrollment and Change Form (Form-1MUN) and file it in the employee's personnel file.
- 3) Send the **original** Municipal Insurance Enrollment and Change Form (Form-1MUN) to the GIC.
- 4) The employee must complete a Health Insurance Responsibility Disclosure (HIRD) form:

- ◆ Fill in the lowest available monthly employee share of GIC health insurance individual coverage premium using the most current GIC rate sheet.
- ◆ Verify that the employee has completed the form accurately and completely. If the employee refuses to complete the form, document efforts to obtain the information from the employee.
- ◆ Retain all HIRD forms for three years and make them available to the Health Connector upon request.  
**Do not send the form to the GIC.**

## RETURNING TO WORK AFTER A MILITARY LEAVE OF ABSENCE

When an employee returns to work after a leave of absence, complete the following:

- 1) Employee complete a Municipal Insurance Enrollment and Change Form (Form-1MUN) selecting a health plan and checking "new enrollment." The employee is not subject to the New Hire waiting period as long as the Military Discharge Release forms are attached to the form.
- 2) Employee completes Insurance Data Form (IDF) for family coverage. Must also provide:
  - ◆ For spousal coverage – copy of marriage certificate
  - ◆ For former spouse – provide following sections of the legal separation or divorce decree: page with absolute date, health insurance language, signature pages, and former spouse's address
  - ◆ For dependent coverage under age 19 – copy of birth certificate(s). The birth certificate must show the parent-child relationship to the insured or his/her spouse.

- ◆ For dependent coverage age 19 or over – Dependent Age 19 to 26 Enrollment form and a copy of birth certificate or, for handicapped dependent coverage – Handicapped Dependent Application and a copy of birth certificate. Birth certificates must show the parent-child relationship to the insured or his/her spouse.
- 3) Photocopy the form and copy of Military Discharge Release form and file it in the employee's personnel file.
- 4) Send the **original** Municipal Insurance Enrollment and Change Form (Form-1MUN) and copy of Military Discharge Release form to the GIC.
- 5) Update your payroll system to resume payroll deductions.

# TERMINATION FROM MUNICIPAL SERVICE

## COVERAGE END DATES AND PROCEDURES

Advise any employee leaving municipal service of the following GIC coverage end dates:

Date employment ends	GIC coverage end date
January 1-31	February 28
February 1-29	March 31
March 1-31	April 30
April 1-30	May 31
May 1-31	June 30
June 1-30	July 31
July 1-31	August 31
August 1-31	September 30
September 1-30	October 31
October 1-31	November 30
November 1-30	December 31
December 1-31	January 31

You are responsible for collecting the employee's share of GIC premiums through the coverage end date.

All municipalities must advise employees leaving municipal service of their right to continue group insurance coverage. All persons leaving municipal service must be given a copy of the COBRA Notice at the time of their leaving municipal service.

## TERMINATION PROCEDURES – EXCEPT FOR SCHOOL DEPT. EMPLOYEES WHO PREPAY FOR THE SUMMER

When an employee advises you that he or she is leaving municipal service:

- 1) Advise the employee that his/her health coverage ends at the end of the month following the month the employee ends municipal service. You are responsible for collecting the employee's share of GIC premiums through the coverage end date.
- 2) Complete Municipal Insurance Enrollment and Change Form (Form-1MUN) on behalf of the employee. Check termination box 9.

For the termination reason, enter "leaving municipal service". For the termination date, enter the last day of work (excluding vacation time).

- 3) Photocopy the completed Municipal Insurance Enrollment and Change Form (Form-1MUN) and file it in the employee's personnel file.
- 4) Send the **original** Municipal Insurance Enrollment and Change Form (Form-1MUN) to the GIC.

## TERMINATION FOR SCHOOL DEPT. EMPLOYEES WHO PREPAY THEIR GIC PREMIUMS THROUGH THE SUMMER (TEACHERS)

When a school department employee advises you that he or she is leaving municipal service at the end of the school year and has prepaid his/her health premiums through the summer:

- 1) Complete Municipal Insurance Enrollment and Change Form (Form-1MUN) on behalf of the employee. Check termination box 9. For the termination reason, enter "leaving municipal service". For the termination date, enter the last day of work in the School Department Employees only section (excluding vacation/personal/sick time) and enter the premium paid through date for all premiums paid through the summer months. GIC coverage will end on the premium paid through date.
- 2) Photocopy the completed Municipal Insurance Enrollment and Change Form (Form-1MUN) and file it in the employee's personnel file.
- 3) Send the **original** Municipal Insurance Enrollment and Change Form (Form-1MUN) to the GIC.

The employee's health options depend on his or her age and length of municipal service. See

the corresponding options and procedures below. Options are listed in order of recommended selection.

## **BENEFIT OPTIONS: NOT ELIGIBLE FOR RETIREMENT**

### **Option 1: Keep GIC health coverage under COBRA**

**Benefit:** Allows the employee to stay in the same plan with the same group rate

**Drawback:** Employee pays 100% of the premium *plus* 2% for administration (no municipal contribution). Maximum coverage length – 18 months.

**Procedure:** If the employee elects COBRA, check the COBRA block on Municipal Insurance Enrollment and Change Form (Form-1MUN) before sending it to the GIC. Give the employee a COBRA application (available on the GIC's website.) Advise the employee that although he/she has 60 days to elect COBRA coverage, the coverage is effective the first day of the month following the coverage end date. The longer the employee waits to send in the application, the more he/she will owe in retroactive premiums. Instruct the employee to complete and send the COBRA application directly to the GIC.

### **Option 2: Health Connector coverage for Massachusetts residents**

**Benefit:** A choice of health insurance options with different benefits and prices. Depending on which plan you choose, your monthly premium with the Health Connector could be lower than other coverage options. Unlike COBRA coverage, Health Connector coverage does not have a maximum coverage period; you can continue coverage as long as you pay your premiums on time.

**Drawback:** Benefits may not be the same as the coverage you had through the GIC. If the employee enrolls in Health Connector

coverage, he/she is waiving his/her right to elect health insurance under the GIC's COBRA or conversion options.

**Procedure:** Instruct the employee to contact the Health Connector for information and enrollment: [MAhealthconnector.org](http://MAhealthconnector.org); 1-877-623-6765

### **Option 3: Convert to Non-Group health with current plan(s)**

**Benefit:** Can keep coverage beyond 18 months.

**Drawback:** Benefits almost always less comprehensive than GIC plan coverage.

**Procedure:** Check non-group conversion on Municipal Insurance Enrollment and Change Form (Form-1MUN) before sending it to the GIC. Instruct the employee to contact their health plan for a non-group conversion application, benefit changes, procedures and costs.

## **BENEFIT OPTIONS: DEFERRED RETIREMENT**

Instruct the employee to contact their retirement board to confirm retirement eligibility.

If the employee is vested, but not yet eligible for, or chooses not to collect their monthly pension, we recommend that the employee elect Deferred Retirement. Under this option, the employee must keep his/her money in the retirement system until he/she retires. If the employee will not receive health coverage elsewhere, he or she can elect to keep health coverage at the full cost premium until retirement. When the employee applies for their pension (at retirement), he or she should notify the GIC in order to pick up health coverage.

### **Deferred Retirement Coverage:**

Keep health insurance paying 100% of the premium until retirement. Advise the employee that if he or she gets coverage elsewhere before retirement, he/she may cancel health coverage.

**Procedure:** Instruct the employee to check the deferred retiree block on Municipal Insurance Enrollment and Change Form (Form-1MUN), indicate his/her health selection and sign it before sending it to the GIC and include a letter from the Municipal Retirement Board indicating that the employee has elected to keep their money in the retirement system until retirement.

For the other alternatives, see the benefits, drawbacks, and procedures for **NOT ELIGIBLE FOR RETIREMENT**.

## **RETIREMENT**

If the employee wishes to retire and collect a monthly pension, see the RETIREMENT *Section* for procedures.



# LAYOFF FROM MUNICIPAL SERVICE

## COVERAGE END DATES AND PROCEDURES

Advise any employee who is laid off of the following GIC coverage end dates:

Date employment ends	GIC coverage end date
January 1-31	February 28
February 1-29	March 31
March 1-31	April 30
April 1-30	May 31
May 1-31	June 30
June 1-30	July 31
July 1-31	August 31
August 1-31	September 30
September 1-30	October 31
October 1-31	November 30
November 1-30	December 31
December 1-31	January 31

You are responsible for collecting the employee's share of GIC premiums through the coverage end date.

When an employee is laid off, municipalities must advise the employee of their right to continue group insurance coverage. All persons terminating service must be given a copy of the COBRA notice at the time of their leaving state service. Advise the employee that health coverage ends at the end of the month following the month the employee ends municipal service.

### LAYOFF PROCEDURES – EXCEPT FOR SCHOOL DEPT. EMPLOYEES WHO PREPAY FOR THE SUMMER

When an employee is laid off:

- 1) Advise the employee that health coverage ends at the end of the month following the month the employee ends municipal service. You are responsible for collecting the employee's share of GIC premiums through the coverage end date.

- 2) Complete Municipal Insurance Enrollment and Change Form (Form-1MUN) on behalf of the employee. Check termination box 9. For the termination reason, enter "layoff". For the termination date, enter the last day of work.
- 3) Photocopy the completed Municipal Insurance Enrollment and Change Form (Form-1MUN) and file it in the employee's personnel file.
- 4) Send the **original** Municipal Insurance Enrollment and Change Form (Form-1MUN) to the GIC.

### LAYOFF FOR SCHOOL DEPT. EMPLOYEES WHO PREPAY THEIR GIC PREMIUMS THROUGH THE SUMMER (TEACHERS)

When a school department employee is laid off at the end of the school year and has prepaid his/her health premiums through the summer:

- 1) Complete Municipal Insurance Enrollment and Change Form (Form-1MUN) on behalf of the employee. Check termination box 9. For the termination reason, enter "layoff". For the termination date, enter the last day of work in the School Department Employees only section (excluding vacation/personal/sick time) and enter the premium paid through date for all premiums paid through the summer months. GIC coverage will end on the premium paid through date.
- 2) Photocopy the completed Municipal Insurance Enrollment and Change Form (Form-1MUN) and file it in the employee's personnel file.
- 3) Send the **original** Municipal Insurance Enrollment and Change Form (Form-1MUN) to the GIC.

The employee's health options depend on his or her age and length of municipal service. See

the corresponding options and procedures below. Options are listed in order of recommended selection.

## **BENEFIT OPTIONS: NOT ELIGIBLE FOR RETIREMENT**

### **Option 1: Keep GIC health coverage for 39-weeks**

**Benefit:** Allows the employee to stay in the same health plan with the same group benefit

**Drawback:** Employee pays 100% of the premium (no municipal contribution). At the end of the 39-weeks, the former employee can switch to COBRA for the remaining 9 months of health coverage, for a total of 18 months coverage.

**Procedure:** If the employee elects 39-week coverage, have the employee check the 39-week coverage block on Municipal Insurance Enrollment and Change Form (Form-1MUN) and indicate his/her health selections and sign it before sending the form to the GIC.

### **Option 2: Keep GIC health coverage under COBRA**

**Benefit:** Allows the employee to stay in the same plan with the same group benefit.

**Drawback:** Employee pays 100% of the full-cost premium **plus** 2% for administration (no Commonwealth contribution). Maximum coverage length – 18 months.

**Procedure:** If the employee elects COBRA, complete the following:

- 1) Check the COBRA block on Municipal Insurance Enrollment and Change Form (Form-1MUN).
- 2) Photocopy the Municipal Insurance Enrollment and Change Form (Form-1MUN) and file in the employee's personnel file.
- 3) Send **original** Municipal Insurance Enrollment and Change Form (Form-1MUN) to the GIC.
- 4) Give the employee a COBRA application

(available on the GIC's website). Let the employee know that he/she will also receive a COBRA application at home. Advise the employee that although he/she has 60 days to elect COBRA coverage, the coverage is effective the first day of the month following the coverage end date. The longer the employee waits to send in the application, the more he/she will owe in retroactive premiums. Instruct the employee to complete and send the COBRA application to the GIC.

### **Option 3: Health Connector coverage for Massachusetts residents**

**Benefit:** A choice of health insurance options with different benefits and prices. Depending on which plan you choose, your monthly premium with the Health Connector could be lower than other coverage options. Unlike COBRA coverage, Health Connector coverage does not have a maximum coverage period; you can continue coverage as long as you pay your premiums on time.

**Drawback:** Benefits may not be the same as the coverage you had through the GIC. If the employee enrolls in Health Connector coverage, he/she is waiving his/her right to elect health insurance under the GIC's COBRA or conversion options.

**Procedure:** Instruct the employee to contact the Health Connector for information and enrollment: [MAhealthconnector.org](http://MAhealthconnector.org); 1-877-623-6765

### **Option 4: Convert to Non-Group health coverage with current plan(s)**

**Benefit:** Can keep coverage beyond 18 months.

**Drawback:** Benefits almost always less comprehensive than GIC plan coverage.

**Procedure:**

- 1) Check non-group conversion on Municipal Insurance Enrollment and Change Form (Form-1MUN) before sending it to the GIC.

- 2) Instruct the employee to contact their health plan for a non-group conversion application, benefit changes, procedures and costs.

## **BENEFIT OPTIONS: DEFERRED RETIREMENT**

Instruct the employee to contact their retirement board to confirm retirement eligibility. If the employee is vested, but not yet eligible for, or chooses not to collect their monthly pension, we recommend that the employee elect Deferred Retirement coverage. Under this option, the employee must keep his/her money in the retirement system until he/she retires. If the employee will not receive health coverage elsewhere, he/she can elect to keep health coverage at the full cost premium until retirement. When the employee applies for their pension (at retirement) he/she should notify the GIC in order to pick up health coverage.

### **Deferred Retiree Coverage:**

Keep health insurance paying 100% of the premium until retirement. Advise the employee that if he or she gets coverage elsewhere before retirement, he/she may cancel health coverage.

**Procedure:** Instruct the employee to check the deferred retiree block on Municipal Insurance Enrollment and Change Form (Form-1MUN), indicate his/her health selection and sign it before sending it to the GIC and include a letter from the Municipal Retirement Board indicating that the employee has elected to keep their money in the retirement system until retirement.

For the other alternatives, see the benefits, drawbacks, and procedures under **NOT ELIGIBLE FOR RETIREMENT**.

## **RETIREMENT**

If the employee wishes to retire and collect a monthly pension, see the *RETIREMENT Section* for procedures.

## ELIGIBILITY AND PROCEDURES

Ensure that the employee has confirmed his/her retirement eligibility with his/her retirement board and applies for retirement benefits. To continue GIC health as a retiree, the retiree must be eligible for and receiving a monthly pension. If the retiree becomes no longer eligible to receive a retirement or pension allowance from a GIC participating retirement system, he/she will no longer be eligible for any GIC benefits including the GIC Retiree Dental Plan.

### To process a retirement:

- 1) Give the retiring employee a Municipal GIC *Benefit Decision Guide*. Instruct the retiring employee to read the frequently asked questions for retirement on our website: [www.mass.gov/gic/faqs](http://www.mass.gov/gic/faqs).
- 2) On the Municipal Insurance Enrollment and Change Form (Form-1MUN) check box 6 (Retirement). Indicate the date of retirement and instruct the retiring employee to review his or her health benefits.
- 3) Review Municipal Insurance Enrollment and Change Form (Form-1MUN) for completeness and sign it.
- 4) Photocopy Municipal Insurance Enrollment and Change Form (Form-1MUN) and file in the retiring employee's personnel file.
- 5) Send the **original** Municipal Insurance Enrollment and Change Form (Form-1MUN) to the GIC.
- 6) Stop the GIC deductions in your payroll system and coordinate deductions from the retiring employee's pension system.
- 7) If the retiring employee and/or his/her spouse is age 65 or over, instruct the retiring employee and/or his/her spouse to go to Social Security to find out about their Medicare eligibility. If eligible for Part A for free, the retiree and/or spouse must enroll in Medicare Part A and Part B. Be sure the retiring employee indicates their Medicare plan choice in the Retirement Section of the

Municipal Insurance Enrollment and Change (Form-1MUN) with the date of retirement.

## CHANGING HEALTH PLANS AT RETIREMENT

At retirement, an employee with GIC health coverage may change his/her health plans.

- 1) Instruct the retiring employee to indicate changes on Municipal Insurance Enrollment and Change Form (Form-1MUN) and sign it.
- 2) Review the forms for completeness and sign.
- 3) Photocopy the forms and file them in the retiring employee's personnel file.
- 4) Send the **original** forms to the GIC
- 5) The GIC will determine the effective date of the change and notify the retiree.

## ENROLLING IN A HEALTH PLAN AT RETIREMENT

If an employee is retiring and does not have GIC coverage, he/she may enroll in GIC coverage. However, he/she cannot enroll until he/she is actually receiving a retirement allowance or pension. You, the Coordinator, can assist the new retiree with enrollment, or can direct him/her to the GIC. To process:

- 1) The retiring employee completes and signs the following forms:
  - ❖ Municipal Insurance Enrollment and Change Form (Form-1MUN).
  - ❖ Insurance Data Form (IDF) for family coverage. Must also provide:
    - ◆ For spousal coverage – copy of marriage certificate.
    - ◆ For dependent coverage under age 19 – copy of birth certificate(s). The birth certificate(s) must show the parent-child relationship to the insured or his/her spouse.
    - ◆ For dependent coverage age 19 to 26 – Dependent Age 19 to 26 Form and a copy of birth certificate. The birth

certificate must show the parent-child relationship to the insured or his/her spouse.

- ◆ For former spouse – provide following sections of the legal separation or divorce decree: page with absolute date, health insurance language, signature pages, and former spouse's address.

- 2) Obtain from the retiring employee a letter from their retirement board indicating that the retirement has been approved and the effective date of retirement.
- 3) Verify that the forms above are completed accurately and completely. Ensure that both you and the retiring employee have signed and dated all forms
- 4) Photocopy completed GIC forms and the letter from the retirement board and file them in the retiring employee's personnel file.
- 5) Send original signed forms and a copy of the letter from the retirement board to the GIC. The GIC will determine the effective date of coverage and will notify the retiree.

**NOTE:** If the retiring employee does not enroll or continue in a GIC health plan at retirement, he/she may only enroll during the GIC's spring Annual Enrollment period or with proof of involuntary loss of other health coverage.

## GIC RETIREE DENTAL

If your municipality offers the GIC Retiree Dental Plan, advise the retiree enrolling in coverage:

- ◆ Once enrolled, if he/she drops coverage, he/she may never re-enroll.
- ◆ If the retiring employee does not enroll in the plan within 30 days of retirement, he/she may only enroll during the GIC's spring Annual Enrollment period or with proof of involuntary loss of other dental coverage.

### Procedure:

- 1) Retiree or survivor completes and sends you the GIC Retiree Dental Plan form.
- 2) Sign the GIC Retiree Dental Plan form.
- 3) Photocopy the GIC Retiree Dental Plan form and file a copy in the retired employee's personnel file.
- 4) Send the **original** GIC Retiree Dental Plan form along with the Form-1MUN for the retirement.
- 5) The effective date of the Retiree Dental Plan will be the first of the second month following the date of retirement as long as the GIC receives the form on or before the date of retirement. If the GIC Retiree Dental form is received at the GIC after the date of retirement, the GIC will determine the effective date of coverage and notify the municipality accordingly.
- 6) Enter the dental deduction in your pension system.

## GIC COORDINATOR, AGENCY HEAD, OR ADDRESS CHANGE

Please be sure to notify the GIC of GIC Coordinator and Municipality Head name, e-mail, and/or address changes. This will ensure that the municipality continues to receive GIC materials and updates. Call or send an email to Winnie Yee in the GIC Operations Department (617-727-2310 extension 7061; winnie.yee@gic.state.ma.us) with these changes.

The GIC sends all GIC Coordinators the following reports on a monthly basis. Be sure to follow the following procedures:

### Monthly Municipal Billing Roster – Summary and Full File

These reports are an alphabetical list of employees by agency/municipality, who are insured with the Group Insurance Commission for the Health Insurance coverage.

Each month, review and verify the following information shown on the report:

- ❖ Names for all insureds should agree with your municipality's records.
- ❖ Coverage for each insured should agree with your municipality's records.
- ❖ The premium due for each insured should agree with your municipality's records.

### MUNICIPALITY HAS DISCREPANCIES

- 1) If the Monthly Municipal Billing Roster contains incorrect GIC-ID numbers, names, coverage, or premium due GIC, indicate these discrepancies on the Statement of Verification (discrepancy report) with the following information:
  - ◆ The agency/division number (as it appears on the report)
  - ◆ The premium due month
  - ◆ Check off box "Discrepancies are as listed"
  - ◆ Employee's ID number as it appears on the report – (EMPL – ID)

- ◆ Employee's name (last, first, middle initial)
  - ◆ Premium Amount (see premium reconciliation procedure)
  - ◆ Explanation of discrepancy:
    - ❖ Briefly describes the discrepancy.
    - ❖ Include the date and reason for all terminations of insurance coverage.
    - ❖ Include the retirement date for an employee who has retired.
  - ◆ Signature of Authorized Official and Date
- 2) Photocopy the Statement of Verification for your agency file.
  - 3) Send the **original** Statement of Verification to the Group Insurance Commission by the date requested.

### MUNICIPALITY DOES NOT HAVE DISCREPANCIES

- 1) If the Monthly Insurance Billing Report contains no discrepancies, send the Statement of Verification (discrepancy report) to the Group Insurance Commission with the following information:
  - ◆ The agency/division number
  - ◆ The premium due month
  - ◆ Check off box "Agency has no discrepancies"
  - ◆ Signature of Authorized Official and Date
- 2) Photocopy the Statement of Verification for your agency file.
- 3) Send the **original** Statement of Verification to the Group Insurance Commission by the date requested.